

**LOAN DISCHARGE APPLICATION: SCHOOL CLOSURE****William D. Ford Federal Direct Loan (Direct Loan) Program**

Form Approved

**Federal Family Education Loan (FFEL) Program**

Exp. Date 9/30/2020

**Federal Perkins Loan Program**

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

**SECTION 1: BORROWER IDENTIFICATION**

Please enter or correct the following information.

 **Check this box if any of your information has changed.**

SSN \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone - Primary \_\_\_\_\_

Telephone - Alternate \_\_\_\_\_

Email (Optional) \_\_\_\_\_

**SECTION 2: SCHOOL CLOSURE INFORMATION****Carefully read the entire application before completing it. Complete Section 2 in its entirety.****1. You are applying for this loan discharge as a:**

Student borrower - Skip to Item 4.  
 Parent PLUS borrower - Continue to Item 2. If a question includes "(or the student)", answer as it applies to the student you borrowed the loan for.

**2. Student Name (Last, First, MI):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**3. Student SSN:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**4. Closed School Name:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**5. Closed School Address (Street, City, State, Zip Code):**  
\_\_\_\_\_**6. First and last dates that you (or the student) attended the closed school:**First Date: \_\_\_\_\_ **OR**  Don't Know

Last Date: \_\_\_\_\_

**7. Name the program you (or the student) were last enrolled in before the school closed:**  
\_\_\_\_\_  
\_\_\_\_\_**8. Did you (or the student) complete the program before the school closed?**

Yes - You are not eligible for this discharge.  
 No - Continue to Item 9.

**9. Were you (or the student) on an **approved leave of absence** when the school closed?**

Yes - Provide the dates of the leave of absence, then skip to Item 13:

First Date: \_\_\_\_\_ **OR**  Don't Know

Last Date: \_\_\_\_\_

No - Continue to Item 10.

**10. Were you (or the student) still enrolled in the program when the school closed?**

Yes - Skip to Item 13.  
 No - Continue to Item 11.

**11. Did you (or the student) withdraw from the school before the school closed?**

Yes - Continue to Item 12.  
 No - Skip to Item 13.

**12. On what date did you (or the student) withdraw from the school? See Section 6 for an explanation of how this date can affect eligibility for a closed school discharge.**

**SECTION 2: SCHOOL CLOSURE INFORMATION (CONTINUED)**

**13.** Select the option that most closely describes your (or the student's) efforts to complete the program of study after the school closed:

- Haven't enrolled in any program at another school since the school closed - Skip to Item 16.
- Enrolled in a program that was not comparable to the program I attended at the closed school - Skip to Item 16.
- Enrolled in a teach-out plan (see Section 5) at another school - Continue to Item 14.
- Enrolled in the same or a comparable program at another school - Continue to Item 14.

**14.** Select the option that most closely describes your (or the student's) enrollment status in the program identified in Item 13:

- Completed a teach-out plan (see Section 5) - You are not eligible for this discharge.
- Completed the same or comparable program - Continue to Item 15.
- Withdrew from the program - Skip to Item 16.
- Still enrolled in the teach-out plan (see Section 5) - You are not eligible for this discharge.
- Still enrolled in the same or comparable program - Continue to Item 15.

**15.** Select the option that most closely describes how the new school gave you (or the student) credit for the training received at the closed school:

- New school accepted transfer credits from the closed school - You are not eligible for discharge.
- New school did not require me (or the student) to complete core credits for the program after evaluating my (or the student's) competency through testing or interviews, or by other comparable means - You are not eligible for this discharge.
- New school did not accept any transfer credit from the closed school or give me (or the student) credit by any other means - Continue to Item 16.

**16.** Did the closed school refund any money on your behalf?

- Yes - Continue to Items 17-19.
- No - Skip to Item 19.
- Don't Know - Skip to Item 19.

**17.** What was the amount of the refund? \_\_\_\_\_

**18.** Explain why the money was refunded:

**19.** Have you (or the student) requested or received a refund or payment from the closed school or any third party (see Section 6) for any loan that you are requesting be discharged?

- Yes - Continue to Items 20-22.
- No - Sign and date the application in Section 3, then send it to the address in Section 7.
- Don't Know - Sign and date the application in Section 3, then send it to the address in Section 7.

**20.** Provide the name, address, and telephone number of the party you (or the student) requested or received a payment from:

Name: \_\_\_\_\_

Address (Street, City, State, Zip Code): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**21.** What is the amount and the status of the claim?

Amount: \_\_\_\_\_

Status: \_\_\_\_\_

**22.** What was the amount of any payment received? If none, enter "0".

Sign and date the application in Section 3, then send it to address in Section 7.

**SECTION 3: BORROWER CERTIFICATIONS, ASSIGNMENT, AND AUTHORIZATION****I certify that:**

- I (or the student) was enrolled at the school when it closed, was on an **approved leave of absence** when the school closed, withdrew from the school not more than 120 days before it closed, or withdrew more than 120 days before it closed due to exceptional circumstances described in Section 6.
- Due to the school's closure, I (or the student) did not complete the program of study at the closed school.
- I (or the student) did not complete, am not currently completing, and have not made arrangements to complete the same or a comparable program of study at another school through a teach-out plan, by transferring credits or hours earned at the closed school to another school, or by any other comparable means.
- I have read and agree to the terms and conditions for loan discharge, as specified in Section 6.
- Under penalty of perjury, all of the information I have provided on this application and in any accompanying documentation is true and accurate to the best of my knowledge and belief.

By signing this application **I assign and transfer** to the U.S. Department of Education (the Department) any right I have to a refund on the amount discharged from the school and/or from any owners, affiliates, or assignees of the school, and from any third party that pays claims for a refund because of the actions of the school.

**I authorize** the organization I submit this request to and its agents to contact me regarding my request or my loans at the cellular telephone number that I provide now or in the future using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

**Borrower's Signature** \_\_\_\_\_**Date** \_\_\_\_\_**SECTION 4: INSTRUCTIONS FOR COMPLETING THE APPLICATION**

When completing this application, type or print using dark ink. Enter dates as month-day-year (mm-dd-yyyy). Use only numbers. Example: March 14, 2018 = 03-14-2018. If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this application. Indicate the number of the items you are answering. Include your name and Social Security Number (SSN) at the top of pages 2 and 3 and on any attached pages. **Return the completed application and documentation to the address shown in Section 7.**

**SECTION 5: DEFINITIONS****The William D. Ford Federal Direct Loan (Direct Loan) Program**

includes Federal Direct Stafford/Ford (Direct Subsidized) Loans, Federal Direct Unsubsidized Stafford/Ford (Direct Unsubsidized) Loans, Federal Direct PLUS (Direct PLUS) Loans, and Federal Direct Consolidation (Direct Consolidation) Loans.

**The Federal Family Education Loan (FFEL) Program** includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.

**The Federal Perkins Loan (Perkins Loan) Program** includes Federal Perkins Loans, National Direct Student Loans (NDSL), and National Defense Student Loans (Defense Loans).

The **date a school closed** is the date that the school stopped providing educational instruction in **all programs** as determined by the the Department.

A leave of absence from school is considered to be an **approved leave of absence** only if it meets certain requirements specified in the Department's regulations. A student who is on an approved leave of absence is considered to still be enrolled at the school.

The **holder** of your Direct Loan Program loans is the Department. The holder of your FFEL Program loans may be a lender, a guaranty agency, or the Department. The holder of your Perkins Loans may be a school or the Department. Your loan holder may use a servicer to handle billing and other communications related to your loans. References to "your loan holder" on this form mean either your loan holder or your servicer.

If your loan is **discharged**, this means that you (and any endorser) are not required to repay the remaining portion of the loan, and you will be reimbursed for any payments on the loan that you made voluntarily through forced collection (for example, through wage garnishment or Treasury offset). For a consolidation loan, only the portion that represents the original loans you received and that are eligible for discharge will be discharged. The loan holder reports the discharge to all consumer reporting agencies to which the holder previously reported the status of the loan and requests the removal of any adverse credit history previously associated with the loan.

The **student** refers to the student the parent borrower obtained a Direct PLUS Loan or Federal PLUS Loan for.

**Program of study** means the instructional program leading to a degree or certificate you (or the student) were enrolled in.

**School** means the school's main campus, or any location or branch of the main campus.

A **teach-out plan** is a written agreement between schools that provides for the equitable treatment of students and a reasonable opportunity for students to complete their program of study if a school ceases to operate before all students have completed their program of study.

**Third party** refers to any entity that may provide reimbursement for a refund owed by the school, such as a State or other entity offering a tuition recovery program.

## SECTION 6: TERMS AND CONDITIONS FOR LOAN DISCHARGE BASED ON SCHOOL CLOSURE

Only loans made on or after January 1, 1986 are eligible for this type of discharge.

You are eligible for loan discharge based on school closure only if the location or campus that you (or the student) were attending closed. If you (or the student) were taking distance education classes, you are eligible for discharge only if the main campus of the school closed.

You (or the student) must have been enrolled at the school or on an approved leave of absence on the date that the school closed, or must have withdrawn from the school not more than 120 days before it closed to be eligible for this type of discharge.

If you or the student withdrew more than 120 days before the school closed, you may be eligible for discharge if the Department determines that exceptional circumstances related to the school's closing justify an extension of this 120-day period.

Examples of exceptional circumstances include, but are not limited to:

- The closed school's loss of accreditation;
- The closed school's discontinuation of the majority of its academic programs;
- Action by the State to revoke the closed school's license to operate or award academic credentials in the State; or
- A finding by a State or Federal government agency that the closed school violated State or Federal law while you (or the student) were enrolled at the school.

By signing this application, you are agreeing to provide, upon request, testimony, a sworn statement, or other documentation reasonably available to you that demonstrates to the satisfaction of the Department or its designee that you meet the qualifications for loan discharge, or that supports any statement you made on this application or in any accompanying documents.

By signing this application, you are agreeing to cooperate with the Department or the Department's designee in any enforcement action related to this application.

Your application may be denied or your discharge may be revoked if you fail to provide testimony, a sworn statement, or documentation upon request, or if you provide testimony, a sworn statement, or documentation that does not support the material representations you made on this application or in any accompanying documents.

**SECTION 7: WHERE TO SEND THE COMPLETED APPLICATION**

Return the completed application and any documentation to:  
(If no address is shown, return to your loan holder.)

If you need help completing this application, call:  
(If no telephone number is shown, call your loan holder.)

**SECTION 8: IMPORTANT NOTICES****Privacy Act Notice.** The Privacy Act of 1974 (5 U.S.C.

552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §421 et seq., §451 et seq., and §461 et seq. of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq., 20 U.S.C. 1087a et seq., and 20 U.S.C. 1087aa et seq.), and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a) (4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the Federal Family Education Loan (FFEL) Program, the William D. Ford Federal Direct Loan (Direct Loan) Program, or the Federal Perkins Loan (Perkins Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL, Direct Loan Programs, and/or Perkins Loans to permit the servicing of your loans, and, if it becomes necessary, to locate you and to collect and report on your loans if your loans become delinquent or default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loans, to enforce the terms of the loans, to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions.

To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment statuses, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0058. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. The obligation to respond to this collection is required to obtain or retain a benefit (34 CFR 674.33(g)(4), 682.402(d)(3), or 685.214(c)). If you have comments or concerns regarding the status of your individual submission of this form, **contact your loan holder directly.**